

# NEW JERSEY WING REGION CADET LEADERSHIP SCHOOL PHYSICAL FITNESS ASSESMENT VALIDATION

Cadet's Name (last, first)\_\_\_\_\_

CAPID\_\_\_\_\_ Squadron \_\_\_\_\_ Wing\_\_\_\_\_

Physical Fitness Category (circle): Category I Category II Category III Category IV

Latest achievement completed\_\_\_\_\_

Last Passing PT Test Date\_\_\_\_\_

Results:

Pushups (reps)\_\_\_\_\_ Curl Ups(reps)\_\_\_\_\_

Sit and Reach (distance)\_\_\_\_\_

Mile Run\_\_\_\_\_ OR Shuttle Run\_\_\_\_\_

Squadron CC's Name \_\_\_\_\_

Squadron CC's signature\_\_\_\_\_

Date\_\_\_\_\_